

p.1

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714 540 0w01

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**Slate Mailer
Late Payment Report**

Type or print in Ink.
Amounts may be rounded to whole dollars.

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

STATE MAILER LATE PAYMENT REPORT

CALIFORNIA FORM 498
For Official Use Only

☐ Amendment No. _____
Report No. 1

OCT 22 2008

DEBRA BOWEN
Secretary of State

| | | | |
|---|----------------------|------------------------|-------------------------------|
| NAME OF SLATE MAILER ORGANIZATION California Young Professionals Voter Guide | | STREET ADDRESS | |
| AREA CODE/PHONE NUMBER | OPTIONAL: FAX/E-MAIL | I.D. NUMBER 1308954 | CITY Garden Grove CA 92841 |
| | | STATE | ZIP CODE |

Late Payment(s) Received From:

| | |
|--|--|
| NAME Michael O'Gara | I.D. NUMBER (if applicable) |
| ADDRESS Montrose, CA 91020 | CITY STATE ZIP CODE |
| OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable) | |
| DATE RECEIVED: 10/21/2008 | AMOUNT \$ 4,125.00 |
| NAME OF CANDIDATE OR BALLOT MEASURE: Michael O'Gara | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION Superior Court Judge; District 94 | AMOUNT ATTRIBUTED \$ 4,125.00 |
| NAME OF CANDIDATE OR BALLOT MEASURE: | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION | AMOUNT ATTRIBUTED \$ |

| | |
|---|---|
| NAME OF CANDIDATE OR BALLOT MEASURE: | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION | AMOUNT ATTRIBUTED \$ |
| NAME OF CANDIDATE OR BALLOT MEASURE: | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION | AMOUNT ATTRIBUTED \$ |
| NAME OF CANDIDATE OR BALLOT MEASURE: | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION | AMOUNT ATTRIBUTED \$ |

Oct 22 2008 18:23
4157327701
From-THE SUTTON LAW FIRM
10-22-2008 06:45pm

SMD
F-568
P 001/001
T-205

SLATE

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Late Payment Report**

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OCT 22 2008

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Secretary of State

CALIFORNIA FORM 498

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☐ Amendment No. _____

Report No. 001

| | | | | | |
|-----------------------------------|---------------------|-------------|----------------|-------|------------|
| NAME OF SLATE MAILER ORGANIZATION | | | STREET ADDRESS | | |
| African-American Democratic Club | | | | | |
| AREA CODE/PHONE NUMBER | OPTIONAL FAX/E-MAIL | I.D. NUMBER | CITY | STATE | ZIP CODE |
| 415/267-3921 | | pending | San Francisco | CA | 94188-4692 |

Late Payment(s) Received From:

| | | | |
|---|------------|--|----------|
| NAME | | I.D. NUMBER (if applicable) | |
| Committee to Stop the Blank Check | | 1308261 | |
| ADDRESS | CITY | STATE | ZIP CODE |
| | San Rafael | CA | 94901 |
| OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable) | | | |
| n/a | | | |
| DATE RECEIVED: | | AMOUNT | |
| 10 / 21 / 08 | | \$ 10,000 | |
| NAME OF CANDIDATE OR BALLOT MEASURE: | | <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE | |
| Prop. H | | | |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION | | AMOUNT ATTRIBUTED | |
| San Francisco | | \$ 10,000 | |
| NAME OF CANDIDATE OR BALLOT MEASURE: | | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE | |
| | | | |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION | | AMOUNT ATTRIBUTED | |
| | | \$ | |

| | | | |
|---|--|---|--|
| NAME OF CANDIDATE OR BALLOT MEASURE: | | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE | |
| | | | |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION | | AMOUNT ATTRIBUTED | |
| | | \$ | |
| NAME OF CANDIDATE OR BALLOT MEASURE: | | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE | |
| | | | |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION | | AMOUNT ATTRIBUTED | |
| | | \$ | |
| NAME OF CANDIDATE OR BALLOT MEASURE: | | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE | |
| | | | |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION | | AMOUNT ATTRIBUTED | |
| | | \$ | |

☒ SOS Political Reform Division
FAX (916) 653-5045
☒ S.F. Department of Elections
FAX (415) 554-7344
☒ L.A. County Registrar/Recorder
FAX (562) 651-2548
☐ FAX () _____

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SLATE

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Slate Mailer Late Payment Report

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| DEBRA BOWEN Secretary of State | | For Official Use Only | |

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|---|----------------------|------------------------|--------------------------------|-------|----------|
| NAME OF SLATE MAILER ORGANIZATION California Young Professionals Voter Guide | | | STREET ADDRESS | | |
| AREA CODE/PHONE NUMBER | OPTIONAL: FAX/E-MAIL | I.D. NUMBER 1308954 | CITY Garden Grove CA, 92841 | STATE | ZIP CODE |

Late Payment(s) Received From:

| | |
|--|--|
| NAME Yes on 11 - Hold Politicians Accountable | I.D. NUMBER (if applicable) 1308387 |
| ADDRESS | CITY STATE ZIP CODE |

San Rafael, CA 94901
OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

| | |
|------------------------------|-----------------------|
| DATE RECEIVED: 10/22/2008 | AMOUNT \$ 2,500.00 |
|------------------------------|-----------------------|

| | |
|--|--|
| NAME OF CANDIDATE OR BALLOT MEASURE: Proposition 11 | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION State | AMOUNT ATTRIBUTED \$ 2,500.00 |

| | |
|---|---|
| NAME OF CANDIDATE OR BALLOT MEASURE: | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION | AMOUNT ATTRIBUTED \$ |

| | |
|---|---|
| NAME OF CANDIDATE OR BALLOT MEASURE: | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION | AMOUNT ATTRIBUTED \$ |

| | |
|---|---|
| NAME OF CANDIDATE OR BALLOT MEASURE: | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION | AMOUNT ATTRIBUTED \$ |

| | |
|---|---|
| NAME OF CANDIDATE OR BALLOT MEASURE: | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION | AMOUNT ATTRIBUTED \$ |

| | |
|---|---|
| NAME OF CANDIDATE OR BALLOT MEASURE: | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION | AMOUNT ATTRIBUTED \$ |

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Secretary of State

☐ Amendment No. _____

Report No. _____ 1

NAME OF SLATE MAILER ORGANIZATION

CA Family Voice Newsletter, a project of
Policy Issues Institute

ARFA CODE/PHONE NUMBER

OPTIONAL FAX/E-MAIL

I.D. NUMBER

714-895-3195

1310975

STREET ADDRESS

CITY

STATE

ZIP CODE

Garden Grove CA, 92841

Late Payment(s) Received From:

NAME

Yes on 11 - Hold Politicians Accountable

I.D. NUMBER (if applicable)

1308387

ADDRESS

CITY

STATE

ZIP CODE

San Rafael, CA 94901

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

10/22/2008

AMOUNT

\$

2,500.00

NAME OF CANDIDATE OR BALLOT MEASURE:

Proposition 11

☒ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

State

\$

2,500.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$